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complex with antibacterial treatment, based on the result of microbiological investigation and determination of cultural sensitivity highlighted toward antibacterial preparations, also with immunomodulator and detoxifying treatment.

Discussion: This case shows the relevant clinical data for treatment of anterior abdominal wall phlegmon with cosmetic and minimal economic results.

Conclusions: VAC aspiration system compared to the classical method of suppurative wound management has a higher number of advantages, among which are the preservation of prosthetic material used in the surgical procedure in particular cases, reducing the frequency of dressing at 48-36 h, which is more convenient for patient and lowers treatment costs, the possibility of continuing treatment in outpatient system etc. Such activity represents an opportunity for surgeons in surgical service of suppuration.

Key words: abdominal, wall, phlegmon, V.A.C aspiration,

13. JOIN-INVOLVEMENT IN INFECTIVE ENDOCARDITIS

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Introduction: infectious Endocarditis (IE) is a serious disease with incidence of 3-10 to 100.000 episodes per year, late diagnosis establishing (36-40%), fatal complications: congestive heart failure in 30%, embolic phenomena in 20%, stroke 15%. Joint manifestations in patients with IE are rare, they are manifested by: arthritis-6.4%, sinovitis-2.8% and creates difficulties in establishing early diagnosis.

Clinical Case: Patient Y., 47 years old, Diagnosis: Active Infectious Endocarditis with negative hemocultures with native valve involvement(aortic valve (AoV), mitral (MV) and the pulmonary artery (PA)), MV failure of III degree, AoV II degree, VAp II degree, HF II NYHA. Chronic Periodontitis. Chronic hepatitis of viral etiology (HCV), moderate activity.

Results: subfebrility inspiratory dyspnea, palpitations, pain of the mean-severe severity in shoulder joint, elbow joint, coxofemoral joint, lumbalgias, fatigue. Objective: tegumental peteschias, tumefaction of the periarticular regions, rhythmic heart beats, attenuated, BP-135/60 mmHg. FCC-105 b/min. Vesicular murmur in lungs. ECG: Sinusal tachycardia with frequency of 102 beats per minute. EAH - horizontal. EcoCG: Moderate dilatation of LA, RV, RA. EF-65%. Plate vegetations, floating on the anterior and posterior cusps and MV (7 x 10 mm), floating vegetations of the AoV cusps, MV failure, III degree, AoV-II degree, TrV-III degree, ApV-I degree, moderate PHT, PsVD-36 mmHg. General blood analysis: anemia (Hb-102 g/l), ESR-40 mm/HR. Biochemical analysis: total bilirubin 25 mmol/l, ALT-49.9 mmol/l, AST-66.9 mmol/l, GGT U/l-295.4. General urine analysis: leucocitury, immunological tests: Anti-HCV-positive, rheumatoid factor-44 IU/ml, C-reactive protein-384 mg/l. Negative hemocultures.

Empirical antimicrobial **treatment** with sol. Vancomycin-60 mg/kg/day, i/v in 2-3 plugs, Sol. Gentamicin-3 mg/kg/day, i/v in a single dose, antifungal, antiinflammatory drugs, diuretics.

Conclusions: Patient 47-year-old young man with chronic oral bacteriemia develops IE with polyarticular syndrome from the beginning, that creates difficulties in early diagnosis establishing and late appropriate antimicrobial treatment.

Key Words: Infectious Endocarditis, Joint manifestations.

14. ANGIOGENESIS INHIBITORS - A NEW OPPORTUNITY IN CANCER TREATMENT. CLINICAL CASE – RECURRENT GLIOBLASTOMA

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Introduction: Angiogenesis (from gr. *Angeion* blood vessel and *genesis* - birth) is the process of forming *new* vessels, from the network of existing vessels, the phenomenon begins during fetal life and continues in child and adult ensuring growth and development. Aberrations of phenomenon can be a condition *sin quo non* in the pathogenesis of diseases such as *cancer*. Angiogenesis inhibitors are revolutionary products called *molecular targeted therapies* aimed to inhibiting the progression of essential processes in carcinogenesis, one of which is angiogenesis.

Objectives:

1. To evaluate the effectiveness of treatment with bevacizumab in recurrent glioblastoma;
2. To appreciate the tolerability of the product by the patient. Adverse reactions.

Clinical case: Current research is a retrospective analysis of a clinical case, the patient A., 28 years old, diagnosed with recurrent *glioblastoma* and treated in Section of Chemotherapy No.2 of the Oncological Institute of Chisinau, the patient was monitored from May 2010 to November 2011. The evolution of treatment with *bevacizumab* was monitored using brain MRI executed at optimal intervals.

Results: In the absence of blood vessels who will infiltrate tumor tissue, it cannot exceed 2 mm³ in volume, because oxygen and nutrients can diffuse freely through the tissues just over a distance of approx. 200 micrometres, which limits tumor growth and subsequent the metastasis *via* blood and lymphatic vessels. Preventing the activation of tyrosine kinases (TK), angiogenesis inhibitors limit the proliferation and migration of cells involved in an angiogenesis process (endotelioocytes, fibroblasts, myocytes). The target can be achieved either through monoclonal antibodies which working as blocking ligand-receptor interaction: *bevacizumab*; *trastuzumab*, or small molecules that interact directly with the intracellular TK acting as competitive inhibitors of ATP binding: *imatinib*, *pazopanib*.

Conclusion:

1. For the presented patient the administration of a suitable conservative treatment, then apply a contemporary regimen of treatment with Avastin, allowed an increase of survival by 19 months, compared with the average statistics for patients with similar staging, but more important is increasing the quality of life and reintegration of the patient in the family and society;